

# When pregnant patients are unsure about HIV screening

## Detecting and treating HIV infection early can make a big difference in the health of the baby.

- Perinatal transmission accounts for 91% of all AIDS cases reported among children in the United States—and an estimated 17,000 HIV infections among children since the epidemic began.<sup>1</sup>
- Approximately 40% of the mothers of the HIV-infected infants born in the United States in 2000 were not known to have HIV before delivery.<sup>2,3</sup>
- Perinatal HIV transmission rates are 1% or less when antiretroviral therapy is initiated and adhered to during pregnancy.<sup>4,5</sup> The figure is 25% for women who receive no preventive treatment.<sup>4,6</sup>
- When antiretroviral therapy is begun intrapartum, the rate of transmission is approximately 10%.<sup>7,8</sup>

Every infant infected with HIV through vertical transmission represents a sentinel health event that signals either a missed prevention opportunity, or, more rarely, a failure of prophylaxis.<sup>9</sup>

## Determine the cause of your patient's reluctance to be tested, so you can address it appropriately.

Encouraging screening after an initial refusal can be uncomfortable, but it is in line with current recommendations. Following are possible responses to common reasons for refusal.

- If your patient **doesn't think she has HIV**, perhaps because she's in a monogamous relationship, she could be right. But remind her that the only way to be sure is to be tested.
- If she's worried that **someone will find out about her HIV status**, assure her that her medical records are confidential, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
- If she thinks **nothing can be done for her or her baby** if her test is positive, discuss the highly effective drug therapies now available. Explain that these drug regimens can prolong the lives of people with HIV—and help keep unborn babies from contracting HIV from their mothers. It also may be appropriate to discuss surgical options that can help prevent vertical transmission.
- If she thinks she **doesn't need retesting** because she had a negative result in the past, point out that it's best for her—and her baby—to be certain of her current status early in her pregnancy. If the test results are positive, antiretroviral therapy can be initiated.
- If she has a **fear of needles**, consider offering to draw blood for the HIV screening and other prenatal tests at the same time, so she won't have to be “stuck” more than necessary. Or, you may offer your patient an oral fluid test.
- If she's concerned about **job loss, the loss of personal relationships, or even domestic violence**, talk through the relevant issues with her; then, if necessary, direct her to the appropriate services for additional assistance.
- If she thinks testing **won't be covered by her health plan**, assure her that most plans do cover HIV screening during pregnancy. Also let her know that in most states, the AIDS Drug Assistance Program facilitates access to early treatment of HIV for people without health insurance.



Explain to your patient that you are not singling her out.  
Assure her that HIV testing is an important part of routine prenatal care in your practice.

### Your patients trust your judgment.

If you actively encourage HIV screening, your patients are likely to accept it. In a study of 1,362 parturient women:<sup>9,10</sup>

- Nearly 90% were offered prenatal HIV screening. About 75% of those who were offered testing accepted it.
- Most notably, 93% of the women who felt that their providers strongly recommended HIV screening accepted the test.

### It's never too late to test.

If your patient refuses screening at early prenatal visits, be sure to readdress the issue throughout the pregnancy. CDC recommends routine, rapid HIV testing, with patient notification and right of refusal (opt-out), for women who arrive at labor and delivery without a documented prenatal HIV test.<sup>4</sup>

### Several organizations recommend routine prenatal HIV screening.<sup>9,11-14</sup>

- Centers for Disease Control and Prevention (CDC)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Nurse-Midwives (ACNM)
- American Academy of Pediatrics (AAP)
- Institute of Medicine (IOM)
- U.S. Preventive Services Task Force (USPSTF)

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Printed in the USA. May 2008.